ARID- PERIO INAMONIALIANS

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

11/29/2004

DAVID M. LAPRAIRIE, ESQ. HOWARD & HOWARD ATTORNEYS, P.C. The Pinehurst Office Center, Suite #101 39400 Woodward Avenue Bloomfield Hills, MI 48304-5151



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Natalya DeVries	(Depositor's name)
natalya Colories	(Signature)
02/21/2005	(Date)

APPLICA	ΓΙΟΝ ΝΟ.	FILING DATE		FIRST NAMED INVENTOR			ATTORNEY DOCKET NO. CONFIRMATION NO			
10/37	4,362	02/25/2003		Tim Austin			60,210-146 5156			
		ESONATING DEVICE FO	R A PNEUMATIC	SURGICAL	INSTRUMENT	02/24/2005	SSITHIB2 00000	081 10374362		
**				01 02 03		VA EC: 1501		1400.00 OP 300.00 OP 30.00 OP		
APPLN	TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTA	L FEE(S) DUE	DATE DUE		
nonprov	visional	NO	\$1370	)	\$300		\$1670	02/28/2005		
EXAMINER			ART UN	ART UNIT CLASS-SUBCLASS						
LOCKETT, KIMBERLY R			2837	337 181-230000						
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON PLEASE NOTE: Unless an assignee is identified below, no assignee.				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  3 THE PATENT (print or type)						
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.										
(A) NAME OF ASSIGNEE  Stryker Instruments  Please check the appropriate assignee category or categories (will not be			ents	(B) RESIDENCE: (CITY and STATE OR COUNTRY)  Kalamazoo, MI  printed on the patent):						
				o. Payment of						
4a. The following fee(s) are enclosed:  Issue Fee				A check in the amount of the fee(s) is enclosed.						
Publication Fee (No small entity discount permitted)				Payment by credit card. Form PTO-2038 is attached.						
Advance Order - # of Copies 10				The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number $08-2789$ (enclose an extra copy of this form).						
a. Appl	icant claims S	(from status indicated abov MALL ENTITY status. See is requested to apply the Iss	37 CFR 1.27.		cant is no longer claiming					
NOTE: The Is interest as sho	sue Fee and P wn by the rec	ublication Fee (if required) ords of the United States Par	will not be accepted tent and Trademark	d from anyon Office.	e other than the applicant;	a registered att	orney or agent; or t	ation identified above. the assignee or other party in		
Authorized Signature				Date						
Typed or p	rinted name _	Samuel J. Ha	idle	Registration No.42,619						

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.